PTO/88/08 (NOS)

Under the Papers	Work Reduction A	ct of 1995, no p	ersons are n	equired to respon	. (d <u>bn</u>).8. Palent shd s colection of	Tredement C	for use g	HOUGH 7/3 (/2006	01/18 065 (-X)
	TENT APP	Substitute	FEE DE	PTO-876	ION	RECORD	Res 2	App.	A Annual	NUMBER OF
•	CLAIMB	A8 FILED -	PARTI	•			age to		10/6/5	592
(Cofumn 1)				(Column 2)		SWALL ENTITY			OTTH	ER THAN
PASIOFEE T		MBER FILED	. NUL	NUMBER EXTRA		RATE	FEE	7	OMA	LENTITY
(17 CFR 1.18(a)) TOTAL OLAIMS	70			•	7	·	I EE	4	PATE	FEE
(AT OFR 1.18(0))	29	minus 20 =	•	9	7	X 8	 	√ OR	<u> </u>	: 740
OZ OFB LIE(b))	6	minus s		2	1		-	OR	× 18.	162.
MULTPLE DEPENDENT CLAIM PRESENT (97 CFR 1.16(d))						X 6	-	OR	x e \$24.	258.
"If the difference in column 1 is less than zero, enter "O" in column 2.						+1		OR	+1 0	
						TOTAL		OR		1.
1-1-	LAIMS AB AI	MENDED -	PART II						TOTAL	<u></u>
10/3/06	(Column 1)	:	(Column 2)	(Column 8)				•	•	
< a / / .	CLAIMS HIGHEST					SMALL	ENTITY	OR.	OTHE SMAIL	R THAN ENTITY
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ERST PRESERVE	7		6-	0	ŀĿ	X 8		OR		
FREST PRESENTATION OF MULTIPLE DEPENDENT CLAIN (37 CFR 1.16(4))						+:	•		× 2000-	
Marko				••		TOTAL ADD'L FEE		OR	TOTAL	7
2/25/0	(Column 1)		(Column 2)	(Column 9)	·· •	MUDEREE [OR	ADD'L FEE	
Total (IT GER 1.16(4)) Independent (IT GER 1.16(5))	REMAINING		HIGHEST NUMBER	PRESENT	Г	 -				
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIN (87 CFR 1.16(d))								OR	X 8=	•
•			101 01			OTAL		OR	+8_ =	
RCE	(Column 1)					DOT FEE	·	OR	TOTAL ADD'L FEE	
10/	CLAIMS		Column 2)	(Column 3)	-	·				
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(37 CHR (18(6))	4		6	• 77	×			OR -	X \$	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))								OR	X 6	· · · · · · ·
					4	TAL			+ 1 .	
If the entry in column 1 is less than the entry in column 2, write "0" to column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter the "Highest Number Previously Paid For" IN THIS SPACE is less than 20.						1714 Pre-		OR	TOTAL ADD'L FEE	
II WE HINDOR NIZ	-has Daniel	,	NO OFACE IS	IRPRINGRAM	ler 2	٥.				
The Highest Num	COL FIGURIA DI	ilo For (Total o	r Independe	nt) is the highest	numi	ne form d lo es :		•		

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the bidding gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS: SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS